IN KIND VOLUNTEER SERVICES SIGN IN SHEET

Early Learning psesd excellence & equity in education Puget Sound Educational Service District

MONTH:_____ **CENTER:**_____

* Begin new sheet(s) on the first of each month.

** Only one program (HS, EHS, HS Recomp or EHS CC) per sheet

Send Originals to PSESD at the end of each month. Keep copies for your records.

CLASSROOM:_____ **STAFF SIGNATURE:**_____

Check if First Time Volunteer	PLEASE WRITE IN INK		PLEASE WRITE IN INK	Current or Past EHS/HS Parent	Community Volunteer	# of Hours Volunteered	Participated in Classroom Activities	Field Trip	Other	If you marked other, please explain below:
X	Date	Volunteer Signature (in ink)	Volunteer Print Name (in ink)	Check One		# of hours	Check How You Helped *(must be completed)*			Explain how you helped
		TOTAL HOURS								Total $

_____ **# of First Time Volunteers**

_____ **# of First Time Volunteers that are Current or Past HS Parents**